

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 27 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800104986428
06/28/07--01046--002 **150.00
CR2E041 (1/07)

DOCUMENT # L04000023633

1. Limited Liability Company's Name

Pro-ex systems, LLC

2. Principal Office Address - No P.O. Box #
3211 Marcellus Circle

Suite, Apt. #, etc.

City & State
Tampa, Florida

Zip
33609

Country
USA

3. Mailing Office Address
same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida
3/18/2004

6. FEI Number
043785020

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Peter Scaglione

Street Address (P.O. Box Number is Not Acceptable)
2127 West Dr. MLK Jr. Blvd.

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33607

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date
6/20/2007

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgrm	Cheryl Alho	3211 Marcellus Circle	Tampa, Fl. 33609
mgrm	Thomas Alho	3211 Marcellus Circle	Tampa, Fl. 33609
mgrm	Gustave Schmidt	22202 Feather Nest Court	Lutz, Fl. 33549
mgrm	Anne Hazen	620 Superior Ave	Tampa, Fl. 33606
mgr	Paul Neary	611 W. DeLeon St. Apt.H	Tampa, Fl. 33606

REINSTATEMENT 2005-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date
6/20/2007

Daytime Phone # **813-871-5448**

Typed or printed name of signing Managing Member/Manager
Thomas Alho